

SB 405 District Application
Form G: Other Evidence-Based Programs as Approved



District Name: Lander County School District Date: August 1, 2015
 District Contact: Susan Ortega

Statutory Language: <i>"Provide other evidence-based programs and services that are approved by the Department and that are designed to meet the specific needs of pupils enrolled in the school who are limited English proficient."</i>																																																																																				
Description/Overview (Include goals and objectives for students' knowledge, skills, and behavior):	Goals and objectives for student learning include an increase in proficiency in language arts/reading, writing, and math for all ELL students; improved attendance with incentives for 100% daily attendance; exemplary age appropriate behavior for school; and increased computer/keyboarding skills. Students will be served in classrooms as push in services during the regular school day and in small groups in the LCSD after school program.																																																																																			
Location & School(s) Served:	Battle Mountain Elementary School Battle Mountain, NV																																																																																			
Projected number of ELLs by age/grade: Minimum ELL student participation threshold is two-thirds.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Grade</th> <th colspan="2" style="width: 40%;">Number of ELL Students</th> <th colspan="2" style="width: 40%;">Number of Non- ELL Students</th> </tr> </thead> <tbody> <tr><td>PreK</td><td colspan="2" style="text-align: center;">0</td><td colspan="2" style="text-align: center;">0</td></tr> <tr><td>K</td><td colspan="2" style="text-align: center;">0</td><td colspan="2" style="text-align: center;">0</td></tr> <tr><td>1</td><td colspan="2" style="text-align: center;">2</td><td colspan="2" style="text-align: center;">5</td></tr> <tr><td>2</td><td colspan="2" style="text-align: center;">6</td><td colspan="2" style="text-align: center;">10</td></tr> <tr><td>3</td><td colspan="2" style="text-align: center;">6</td><td colspan="2" style="text-align: center;">10</td></tr> <tr><td>4</td><td colspan="2" style="text-align: center;">9</td><td colspan="2" style="text-align: center;">12</td></tr> <tr><td>5</td><td colspan="2" style="text-align: center;">6</td><td colspan="2" style="text-align: center;">10</td></tr> <tr><td>6</td><td colspan="2"></td><td colspan="2"></td></tr> <tr><td>7</td><td colspan="2"></td><td colspan="2"></td></tr> <tr><td>8</td><td colspan="2"></td><td colspan="2"></td></tr> <tr><td>9</td><td colspan="2"></td><td colspan="2"></td></tr> <tr><td>10</td><td colspan="2"></td><td colspan="2"></td></tr> <tr><td>11</td><td colspan="2"></td><td colspan="2"></td></tr> <tr><td>12</td><td colspan="2"></td><td colspan="2"></td></tr> <tr> <td>Total</td> <td style="text-align: center;">29</td> <td style="text-align: center;">62..%</td> <td style="text-align: center;">47</td> <td style="text-align: center;">38..%</td> </tr> </tbody> </table>				Grade	Number of ELL Students		Number of Non- ELL Students		PreK	0		0		K	0		0		1	2		5		2	6		10		3	6		10		4	9		12		5	6		10		6					7					8					9					10					11					12					Total	29	62..%	47	38..%
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Personnel and certification:	(List certifications: TESL, ECE certified, be specific.) Staffing will include highly qualified classified staff who will work under the supervision of the classroom teacher and in the classroom. After school, HQ classified staff will work under the direction from the classroom teacher.																																																																																			
Student participation selection process:	Students are selected using WIDA, mandated state test scores, MAP scores, and teacher recommendation based upon current or recent past performance. Personal invitations to both the student and their parents are sent																																																																																			

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	home.
Start and end date:	Begin: August 24, 2015 End: May 19, 2016
Daily session time(s):	8:30 a.m. – 5:30 p.m.
Days of the week:	Monday - Thursday
Assessment(s):	Most recent MAP scores, WIDA results, teacher observation and classroom grades, attendance, behavior, and mandated state test scores.
Parental Engagement:	(Possible activities in which parents will participate.) Family Parent Nights Parent University Invitation to participate any day in classroom or after school Invitation to student performances Family – School Liaison classes and trainings Let's Read Together evening events Math Night

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Curriculum (Include rationale):	Common Core Standards in Math, ELA, and Writing Teacher provided activities (Scholastic Reader)
Coordination with existing programs:	Title I Title III LCSD After School Program LCSD Professional Development Program
Other as needed:	Professional Development for all teachers provided via LCSD staff to update teachers and administrators on new and or improved ways to deliver curriculum to ELL students and their families, strategies and techniques.
Program Report:	Required under SB 405: (15)(a) Schools receiving allocations (15)(b) Allocations per school (15)(c) Description of this program (15)(d) Number of students participated in this program (15)(e) Average expenditure <u>per</u> child in this program (15)(f) Evaluation for the effectiveness of this program Qualitative Data (i.e., Teacher Feedback, Observation Protocol) Quantitative Data (i.e., WIDA-MODEL Pre-Post Scores) (15)(g) Recommendations for legislation to continue/expand effective programs (16)(a) 5/15/16—Report due to NDE (Activities up to 5/1/16) (16)(b) 1/15/17—Report due to NDE (Activities up to 12/30/16) ▪
Program Evaluation (15)(f): Define the measures you will use and how you will collect, analyze, and report the data to provide evidence of meeting the program goals and objectives. Please be specific. ▪ Qualitative Measures ▪ Quantitative Measures	MAP scores three times a year State mandated testing scores Teacher observation and grades Behavior and Attendance Chapter Tests End of theme tests Sign in sheets from after school program Parent sign in sheets for events

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All Districts need to fill this section out.

ASSURANCES

Upon approval of this proposal, _____ makes the following assurances:
(Name of Fiscal Authorized Agent)

- Funds received under this program will be used solely for the purpose of supporting the activities as outlined in SB 405.
- Each district and the Nevada State Public Charter School Authority receiving these funds must provide written reports and program evaluations as required in SB 405.
- A homeless child will be enrolled in his/her "school of origin" or the school in which the child was last enrolled. A homeless child shall immediately enroll in school, even if the child lacks records normally required for enrollment, such as previous academic records, medical records, proof of residency, or other documentation. The enrolling school must refer the parent/guardian of a homeless child to the school district homeless liaison, who shall help obtain necessary immunizations or immunization or medical records. Any record ordinarily kept by the school of each homeless child must be maintained so that the records are available.
- Funds received under this program will not be used for lobbying or to influence any federal or state agency or legislative staff involved in the award of such funding.
- The applicant organization will provide or continue to provide a drug-free workplace.
- Funds received under this application will not be used to supplant existing financial support for current programs administered by applicant or collaborating entities. If blended funding streams are used to support the program, the amount of these funds and what they are supporting must be clearly described.
- A bookkeeping system will be developed to monitor receipts and expenditures by line item. Expenditures cannot exceed the approved budget in any line item.
- Records shall be maintained in accordance with general accounting standards. Receipts, invoices, and/or computer printouts will be maintained to verify expenditures. Copies of this verification will be submitted to the NDE upon request.
- Travel claims will be maintained for any travel reimbursement made with project funds. (Per Diem, mileage, and lodging payment are allowable only at State-approved rates.)
- All activities must take place within the funding period.
- An inventory of materials and supplies purchased through these funds shall be maintained and made available upon request.

Print or Type Name and Title:

Signature

Date

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APPENDIX A: BUDGET/EXPENDITURE SUMMARY

The following budget forms can be located on the Nevada Department of Education website: <http://nde.doe.nv.gov/FiscalServices.htm>. Please note that column B, Supplemental Schedule, should **explain each item in specific terms**. All items must be named, directly related, and necessary to the operation of the program.

State or Federal Budget Expenditure Summary

Agency:	Lander County School District	Project Number:	
Project Name:	R.I.S.E. (Reading, Intervention, Study Skills, English Language)	Fiscal Year:	2015-2016
Check One:	BUDGET: <input checked="" type="checkbox"/> BUDGET AMENDMENT: <input type="checkbox"/> FINAL REPORT: <input type="checkbox"/>		

OBJECT	DESCRIPTION	INSTRUCTION COST	SUPPORT SERVICES	TOTAL
100	Salaries	36,455		36,455
200	Benefits	21,702		21,702
300	Purchased Professional/Technical Services			
400	Purchased Property Services			
500	510 Student Transportation Services			
	580 Staff Travel			
	Other (520, 530, 540, 550, 560, 570, 590)			
	Total 500			58,157
600	610 General Supplies (exclude 612)	1,000		
	* 612 Non-Technology Items of Higher Value			
	620 Energy			
	630 Food	1,000		
	640 Books and Periodicals (exclude 641)			
	641 Textbooks	1,944		
	650 Supplies - Information Technology Related (exclude 651, 652, 653)			
	651 Software			
	* 652 Technology Items of Higher Value			
	653 Web-based and Similar Programs			
	Total 600			3,945
800	810 Dues and Fees			
	890 Other Miscellaneous			
	Other (820, 830)			
	Total 800			
Subtotal 100 – 600 & 800				
** Approved Indirect Cost Rate: _____ %				
700	730 Equipment			
	Other (710, 720, 740, 790)			
	Total 700			
TOTAL				62,102

* All items of value must be itemized in the budget detail

** Indirect cost rates must be approved by the Department of Education before the subgrantee may budget for and charge those costs to the grant.

Signature of Authorized Agency Representative

Date

Department of Education Use Only	
Initial	Date Approved

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STATE OR FEDERAL FINAL REPORT OF EXPENDITURES

Supplemental Schedule/Detail *

Project Number/Name: _____

A Object Code	B Title of Position/Purpose of Time/Narrative **	C Project Time (FTE)	D Quantity	E Salary, Rental or Unit Cost	F Budgeted Amount	G Expended Amount
100						
200						
300						
400						
500-510 500-580 500- Other						
	500 - Category Subtotal				-	-
600-610 600-612 600-620 600-630 600-640 600-641 600-650 600-651 600-652 600-653						
	600 - Category Subtotal				-	-
800-810 800-890 800- Other						
	800 - Category Subtotal				-	-
	100 - 600 & 800 Total				-	-
700-730 700- Other						
	700 - Category Subtotal				-	-
Total					-	-

* If additional space is needed, duplicate this page and number the pages.

** Explain each item in specific terms. All items must be named, directly related, and necessary to the operation of the program.